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INFORMATION

I. INTRODUCTION

The Texas Department of Health (TDH), HIV/STD Health Resources Division announces the expected availability of fiscal year (FY) 2003 state and federal funding to provide HIV prevention programming to persons at greatest risk for acquiring or transmitting HIV infection as identified through the HIV prevention community planning process. This Request for Proposal (RFP) is a clarification of the original RFP for HIV Prevention Projects released on April 8, 2002 to stimulate interest in the provision of evidence-based interventions (EBIs) to persons at greatest risk of acquiring or transmitting HIV infection. **Funding is only available for agencies to provide EBIs to the number one priority population as identified in the respective Area Action Plans (AAPs) for each of the following areas:** 1) HIV Prevention Planning Area 4 (East Texas) Houston Metroplex High Morbidity Analysis Zone (HMAZ); 2) East Texas Pine Woods South HMAZ; 3) East Texas Pine Woods North HMAZ; and 4) HIV Prevention Planning Area 6 (South Texas) South Border HMAZ (**Valley Region only**).

This RFP contains the requirements that all applicants shall meet to be considered for funding. Failure to conform with these requirements will result in disqualification of the applicant without further consideration. Each applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this RFP.

Funds will be awarded for EBIs only. Outreach will not be funded as a stand-alone intervention; it will only be funded as a component to EBIs. Additionally, TDH will only fund interventions identified in AAPs. HIV counseling and testing interventions, such as Project RESPECT, are considered as interventions in the Prevention Counseling and Partner Elicitation-Prevention Case Management Continuum and will not be funded through this RFP.

Before completing the application, refer to **SECTION II. PROGRAM INFORMATION** to find detailed information on eligible interventions and other relevant program standards. Other sections within the RFP may contain additional instructions pertaining to unique program requirements set forth in legislation or regulations.

PLEASE READ ALL MATERIALS BEFORE PREPARING THE APPLICATION.

A. Eligible Applicants

Eligible applicants include only governmental, public, or nonprofit entities located within the state of Texas that applied for funding under TDH RFP-HIV-0038 released April 8, 2002. Individuals are not eligible to apply. Entities

that have had state or federal contracts terminated within the last 24 months for deficiencies in fiscal or programmatic performance are not eligible to apply. If the applicant is currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs, the applicant is ineligible to apply for funds under this RFP. Applicants are limited to those located in the HIV prevention planning areas to be served as described on page 3.

B. Availability of Funds

Approximately \$538,000 is expected to be available to fund the projects. The approximate amounts available per area are as follows:

Area 4 (East Texas) Houston Metroplex HMAZ only	\$136,500
Area 4 (East Texas) Pine Woods North HMAZ	\$136,500
Area 4 (East Texas) Pine Woods South HMAZ	\$ 95,000
Area 6 (South Texas) Valley Region of South Border HMAZ	\$170,000

In making awards, TDH's priorities for funding will be given to:

- 1) ensuring that funding for EBI reflects patterns of HIV/AIDS morbidity,
- 2) ensuring that interventions named in AAPs are funded in a variety of settings;
and
- 3) ensuring that interventions are funded in the largest geographical area possible.

The specific dollar amount awarded to each applicant depends upon the merit and scope of the proposed project.

Contracts will be awarded on either the state fiscal year or the federal calendar year. The TDH HIV/STD Health Resources Division will assign a contract period to each successful applicant. It is expected that all contracts will begin on or about **04/01/03**, and will be made initially for a 9-month budget period for federal contractors and a 5-month budget period for state contractors within a project period of 4 years.

Continued funding in future years is based upon the availability of funds and documented progress of the project during the prior budget period. Funding may vary and is subject to change each budget period. Additionally, grantees should expect that funding will be reallocated by TDH in order to promote consistency with the AAPs as they are revised. Funding will also be reallocated by TDH to ensure that providers adhere to programmatic conditions as well as other contractual requirements specified in the contracts. Specific criteria will be utilized to make the funding reallocations.

C. Use of Funds

Funds are awarded for a specifically-defined purpose and shall not be used for any other project. The allowable and unallowable use of funds is outlined below.

1. Allowable Use of Funds

Grant funds may be used for personnel, fringe benefits, staff travel, equipment, supplies, contractual services, other direct costs (such as staff development or organizational capacity building), and indirect costs related to administration, planning, and evaluation only. Equipment purchases and contractual services are allowed only if justified and approved in advance. Funds may also be used for client incentives in compliance with TDH guidelines. All costs are subject to negotiation with TDH. Applicants are required to adhere to the Uniform Grants Management Standards (UGMS) guidelines for determining allowable costs. This document is provided by the TDH Grants Management Division to all new TDH applicants and is also available at the following website: http://www.tdh.state.tx.us/grants/forms_and_documents.htm.

2. Disallowances

Funds may not be used for the following: 1) to supplant local or state funds; 2) to make cash payments to intended recipients of services; 3) for acquisition of real property, building construction, alterations, renovations, or other capital improvements; 4) to duplicate services already available to the target populations and sub-populations; 5) research; or 6) the purchase of health and social services.

D. Schedule of Events

1. Post to the Electronic State Business Daily	10/04/02
2. Issuance of RFP	11/04/02
3. Deadline for Submitting Questions	11/11/02
4. Letters of Intent	11/25/02
5. Deadline for Submission of Applications	12/19/02
6. Written Notification to All Applicants	02/26/03
7. Expected Contract Begin Date	04/01/03

II. PROGRAM INFORMATION

A. General Purpose and Program Goals

The purposes of these grant programs are to assist local communities to: 1) prevent the transmission of HIV or reduce the number of new HIV infections; 2) increase the number of persons who know their HIV status; 3) reduce associated morbidity and mortality among HIV-infected persons and their partners by

assuring referral to medical, social, and prevention services; and 4) initiate needed HIV prevention services according to AAPs. These services are to be fully accessible, well-suited to each population's behavioral and other life situations, and fully integrated into a comprehensive system of related health services.

B. Background

Congress appropriated additional funds for HIV prevention in 1994 and mandated the Centers for Disease Control and Prevention (CDC) to initiate HIV prevention community planning. With CDC guidance, the TDH established 10 HIV Regional Planning Coalitions (also known as community planning groups) in 1994 to begin the community planning process. Since the inception of community planning, the number of community planning groups (CPGs) in Texas has been reduced to six. The purpose of each CPG is to allow community members affected by HIV to determine HIV prevention priorities for their community and provide to input into the development of a comprehensive plan for the State. Each CPG takes the following steps to create an AAP:

1. Reviews epidemiologic data specific to their area;
2. Collects and analyzes information on the needs of populations at highest risk of HIV infection;
3. Collects data on evidence-based HIV prevention services provided to target populations;
4. Prioritizes HIV prevention needs by identified high risk populations and by specific, evidence-based strategies and interventions; and
5. Develops an AAP consistent with the high priority HIV prevention needs within its jurisdiction.

This RFP is based on requirements in each HIV Prevention CPG's 2003 AAP. All federal and state HIV prevention funds will be awarded under this RFP. Project proposals will be reviewed and awarded on a competitive basis. Grantees will be required to reassess their activities and to implement changes as may be required by updates and revisions to the AAPs. The TDH developed this RFP to encompass the continuum of HIV prevention activities identified in the new AAPs. The AAPs may be found at www.tdh.state.tx.us/hivstd/areaplan/default.htm. All funded applicants are expected to participate in the CPG process as directed by TDH.

C. Program Legal Authority

The HIV Prevention Program in Texas was created under the V.T.C.A. Health and Safety Code Section 85.031 which states the department shall establish and administer a state grant program to nonprofit community organizations for: 1) HIV education, prevention, and risk reduction programs; and 2) treatment, health, and social service programs for persons with HIV infection.

D. Project Development

Applicants are expected to participate in local and regional planning activities. For information on local planning activities, contact your local health department or TDH Regional Health Department.

E. Program Requirements

All selected applicants are required to conduct project activities in accordance with the Quality Care: Client Services Standards for Public Health and Community Clinics manual as well as TDH Bureau of HIV and STD Prevention program-related standards and/or requirements. A copy of the Quality Care: Client Services Standards for Public Health and Community Clinics manual is posted on the TDH website at <http://www.tdh.state.tx.us/nursing/phnpubs.htm>. It is also available from the TDH Public Health Nursing Division at (512) 458-7773. Refer to the website at www.tdh.state.tx.us/hivstd/policy.default.htm for all policies of the Bureau of HIV and STD Prevention.

All selected applicants are also required to conduct project activities in accordance with various federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requisites can be found on the following website: <http://www.tdh.state.tx.us/oto/default.htm>.

All programs will be required to articulate plans for target population involvement in needs assessment, program design and development, and quality assurance.

The Bureau will continually require all programs funded under this RFP to demonstrate that program staff possess the requisite skill, formal preparation, and experience to perform the activities associated with their selected intervention(s). Failure to recruit, train, and retain staff of sufficient skill and professional preparation may result in loss of contract funds.

All funded programs will be expected to monitor the implementation of their selected interventions and to ensure consistency of the message and concordance with the core elements of EBIs.

All funded programs will be required to offer supervision to program staff per contractual requirement.

Performance of contracts awarded under this RFP, including compliance with TDH and Bureau policies, contractual conditions, attainment of performance measures, maintenance of adequate staff, delivery of products, and submission of required data and narrative reports will be regularly assessed. Failure to comply with stated requirements and contractual conditions may result in the immediate loss of contract funds at the discretion of the Bureau.

1. Activities

a. **TARGET POPULATIONS AND INTERVENTIONS**

Target populations and interventions for all TDH HIV Prevention activities have been determined through the community planning process. There are six community planning areas and six corresponding AAPs in Texas:

Area 1-West Texas

Area 2-Lubbock, Odessa, Midland, Amarillo (LOMA)

Area 3-North Central Texas

Area 4-East Texas

Area 5-Central Texas

Area 6-South Texas

Each CPG has designated priority target populations and interventions for its area in the AAP. The designation of these populations and interventions was driven by epidemiological data and focused on the primary modes of HIV transmission. CPGs have named specific interventions and have identified specific immediate outcomes for each intervention. Only the target populations and interventions listed below are eligible for funding through this request. Applicants may apply for funding for **one to three** interventions per target population listed below. Proposals requesting funding for more than three interventions per target population **will not be reviewed**.

Area 4 (East Texas) Houston Metroplex HMAZ Only

Target Population: African American Women Injection Drug Users (IDU)

Interventions:

1. AIDS Community Demonstration Projects or Real AIDS Prevention Project
2. AIDS Education for Drug Abusers
3. Turning Point
4. Needle Exchange
5. 15-Month Follow-up of Women Methadone Patients Taught Skills to Reduce Heterosexual HIV Transmission

Area 4 (East Texas) Pine Woods North Only

Target Population: African American Men Who Have Sex With Men (MMS)

Interventions:

1. AIDS Community Demonstration Project or Real AIDS Prevention Project
2. The Mpowerment Project

3. Popular Opinion Leader
4. AIDS Prevention in Homosexual and Bisexual Men
5. HIV Risk Reduction Intervention Among African-American Homosexual and Bisexual Men
6. Cognitive and Behavioral Adaptations to HIV/AIDS among Gay and Bisexual Adolescents
7. Brief Group Counseling in HIV Risk Reduction Among Homosexual and Bisexual Asian and Pacific Islander Men
8. Group Counseling at STD Clinics to Promote the Use of Condoms

Area 4 (East Texas) Pine Woods South Only

Target Population: African American MMS

Interventions:

1. AIDS Community Demonstration Project or Real AIDS Prevention Project
2. The Mpowerment Project
3. Popular Opinion Leader
4. AIDS Prevention in Homosexual and Bisexual Men
5. HIV Risk Reduction Intervention Among African-American Homosexual and Bisexual men
6. Cognitive Behavioral Adaptations to HIV/AIDS among Gay and Bisexual Adolescents
7. Brief Group Counseling in HIV Risk Reduction Among Homosexual and Bisexual Asian and Pacific Islander Men
8. Group Counseling at STD Clinics to Promote the Use of Condoms

Area 6 (South Texas) Valley Region of South Border HMAZ Only

Target Population: IDU White Women

Interventions:

1. AIDS Community Demonstration Projects
2. Comparisons of Education versus Behavioral Skills Training Interventions in Lowering Sexual HIV-Risk Behavior in Substance Dependent Adolescents (Valley Only)
3. AIDS/Drug Injection Prevention
4. Turning Point

b. Evidence-Based Interventions

Intensive, EBIs are interventions that have a clearly defined target audience, have clearly defined intent and immediate outcomes, are based on sound behavioral science theory, are focused on reducing specific risk behaviors, and provide opportunities to practice relevant skills. For the purposes of this RFP,

only the intensive, EBIs listed in the previous section will be funded. Agencies applying for funding must indicate how clients access the services whether it is through outreach or linkage through other services.

Applicants should become thoroughly familiar with the goals and curriculum (if applicable) of the intervention to ensure that they request appropriate levels of funding to support ongoing staff trainings through supervisory support, quality assurance activities, and client incentives if needed. These interventions may require adaptation to maximize effectiveness. Information on the interventions may be found at www3.utsouthwestern.edu/preventiontoolbox/interven.htm and www.cdc.gov/hiv/pubs/hivcompendium/hivcompendium.htm.

In addition to required process objectives that specify the number of clients who will receive the intervention, funded projects must participate in TDH's outcome monitoring project. This project is aimed at assisting programs in assessing how well the intervention is achieving the immediate goals (such as skills improvements, intention to change behavior, and changes in stage of change) and behavior change goals (such as sexual risk reduction) specified for the intervention; please see the section of the RFP on logic modeling of EBI for an explanation of the difference between immediate and behavior change outcomes.

Providers are not expected to begin outcome monitoring of immediate outcomes until quality assurance activities show that the intervention is being consistently implemented as designed/adapted and the targeted population is consistently enrolled in the intervention. This means that the program will not begin outcome monitoring until all intervention staff have been trained, and supervisors have conducted enough quality assurance work to ensure that the intervention is being implemented as intended (e.g., the curriculum plan is being followed, the group leaders are keeping discussion focused on the topics in the curriculum, clients are participating in all sessions of multiple session interventions). Providers are not expected to begin behavior change monitoring, which may require soliciting client participation in follow-ups after they have left the program, until outcome monitoring has established that the immediate goals of the intervention are being achieved. TDH will provide TA on both phases of the outcome monitoring process, which includes selection of monitoring methods, data collection approaches, data analysis support, and support in data application for the purposes of program improvement. Applicants may include expenditures for contracted assistance in outcome monitoring in their budget, but must follow the general requirements outlined above, and all subsequent guidelines on outcome monitoring distributed by TDH. Applicants are cautioned that programs are only rarely ready to conduct behavior change monitoring in the first year of implementation of a new intervention, and unless the agency has had past experience with the intervention, should plan to begin the monitoring of immediate outcomes in late 2003.

In addition to outcome monitoring activities, providers of EBIs are expected to

periodically conduct rapid assessments of the targeted populations that they serve to assure that their programs stay in touch with the prevention needs and issues of the populations they serve. Organizations may propose to begin the funding year by conducting such a targeted assessment to better understand the needed adaptations to the interventions included in the AAP. These assessments may also be done if the intervention is failing to meet process or outcome objectives to better understand how the intervention could be improved. These focused assessments are qualitative in nature, can be completed in a matter of weeks, and can be conducted by agency staff. An assessment guide is available at www3.utsouthwestern.edu/preventiontoolbox/ that outlines how to conduct such an assessment. A good rule of thumb is that such assessments should be conducted every 18 to 24 months, or more frequently if program issues call for it. Organizations that are subcontracting outreach/access services should consider including assessment activities in the scope of work of the outreach/access provider.

Applicants applying for funding must include outreach as an integral element of the program for client recruitment and community assessment. Institutions such as correctional facilities, drug treatment centers, juvenile detention centers, etc., are exempt from the outreach requirement. Outreach is defined as an educational encounter with an individual or small group generally conducted by peers or paraprofessionals with the intent of distributing condoms, bleach kits, sexual responsibility kits, and/or educational materials. Outreach is conducted in places where high-risk populations congregate. Outreach strategies must include: building rapport with the community members who may later be referred to more intensive programs, identifying barriers affecting service delivery, and identifying lifestyles and behaviors of the target populations through conducting a community needs assessment. Outcomes may include: greater awareness and/or knowledge of HIV/STD issues, knowledge of how to access HIV/STD-related services, or greater trust of prevention services worker. Under the current prevention plan, educational interventions provided one-on-one that lack a skills building component are included in the category of outreach. For the purposes of this RFP, outreach will not be funded as an intervention on its own. **Any outreach must be linked to EBIs as identified in the AAPs.**

In making funding decisions for EBIs **targeting** African-American subpopulations, African-American organizations¹ or any agency who partners through a subcontract with an African-American organization will receive preference in the scoring process. Targeting means that contractors are expected to **aggressively recruit** identified top ranked high-risk population(s) and to tailor their programs and interventions for this/these population(s). TDH recognizes that all populations are not at the same risk as the highest ranked risk populations. TDH expects funded agencies to serve other populations as resources permit. In some situations, the highest ranked population is small and may even constitute a minority of the total number served by the EBI.

¹ Must have a board of directors with at least 50% African American membership.

Also, in making funding decisions for EBIs **targeting** Hispanic/Latino subpopulations, Hispanic/Latino organizations² or an agency who partners through a subcontract with a Hispanic/Latino organization will receive preference in the scoring process. In making funding decisions for EBIs targeting African-American or Hispanic/Latino subpopulations, second preference will be given to agencies with staff that reflect the race/ethnicity of the targeted populations. Other agencies, that do not fall into one of these categories will be considered and receive third preference for funding.

Agencies proposing subcontractual relationships must participate in the partnership in such a way as to build capacity amongst all partnering organizations. If the subcontractor(s) have been identified, they must be named in the application. However, if the subcontractor has not been identified, at minimum the mechanisms to be used in recruiting the subcontractor must be specified. All subcontractors **must** be named before funds are released. Applicants proposing subcontractual partnerships need only submit one application.

1. Program Reporting

The contractor will be required to report on information pertaining to process (contact) objectives through a web-based reporting system. This will require Internet access. Contractors are recommended to subscribe with an Internet service provider that will provide the fastest connection available in the contractor's area, such as opting for cable modem or DSL; costs associated with Internet connectivity are allowable. Providers must also have Internet Explorer available on their desk top and windows-based operating system.

EBIs will require submission of aggregated data on the intervention activities, which for community level interventions may require reporting on several different types of activities that make up the community level intervention (e.g., estimated viewers of a targeted media campaign, participants in a group level intervention, participants in a skills building individual level intervention). Outreach/access providers will be required to submit information on outreach contacts through the partner contracting with TDH. In the event of a change in address or change of Project Directors, TDH requires that all contractors provide written notification to the public health region HIV program manager, Manager, Grants and Contracts Branch, HIV/STD Health Resources Division, and to the Director of the Grants Management Division within 30 days of such change.

Submit narrative program reports via email to hivstdreport.tech@tdh.state.tx.us and email a copy to the public health region HIV program manager by the due date. If electronic submission is not an option, mail one copy of the report to the public health region HIV program manager and two copies of the report to the attention of the Field Operations Report

² Must have a board of directors with at least 50% Hispanic/Latino membership.

Technician, Field Operations Branch, HIV/STD Health Resources Division, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3199. Hand-carried or commercial overnight (Federal Express, etc.) reports must be delivered to the attention of the Field Operations Report Technician at: Texas Department of Health, HIV/STD Health Resources Division, 2115 Kramer Lane, Austin, Texas 78758. Facsimile copies will not be accepted. Due dates for the reporting periods are as follows:

Federally Funded Contractors

1 st quarter (January 1 – March 31)	Due April 20, 2003
2 nd quarter (April 1 – June 30)	Due July 20, 2003
3 rd quarter (July 1 – September 30)	Due October 20, 2003
4 th quarter (October 1 – December 31)	Due January 20, 2004

State Funded Contractors

1 st quarter (September 1 – November 30)	Due December 20, 2003
2 nd quarter (December 1 – February 28)	Due March 20, 2003
3 rd quarter (March 1 – May 31)	Due June 20, 2003
4 th quarter (June 1 – August 31)	Due September 20, 2003

All program reports are due in the format provided by TDH no later than 20 days after the end of each reporting period. The progress toward meeting the project objectives shall be reported for the quarter as well as year-to-date. All other reporting information is reported by the quarter. The fourth quarter will serve as the final program report. Failure to comply with these deadlines and content requirements may result in contract sanctions.

F. Program Contact

For purposes of addressing questions concerning this RFP, the sole contact is **Mr. Felipe Rocha, Manager, Field Operations Branch**. All communications concerning this RFP shall be addressed in writing, including email to:

**Mr. Felipe Rocha, Manager
Field Operations Branch
HIV/STD Health Resources Division
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199
FAX: (512) 490-2509
Email: felipe.rocha@tdh.state.tx.us**

Upon issuance of this RFP, other employees and representatives of TDH will not answer questions or otherwise discuss the contents of the RFP with any potential applicants or their representatives. Failure to observe this restriction may result in disqualification of any subsequent proposal. This restriction does not preclude discussions between affected parties for the

purpose of conducting business unrelated to this RFP. To ensure that all applicants have access to the same information, TDH will provide written answers to applicant questions on the Bureau website at <http://www.tdh.state.tx.us/hivstd/grants.default.htm>.

TDH, HIV/STD Health Resources Division, is the sole point of contact with regard to all procurement and contractual matters relating to the services described herein. TDH, HIV/STD Health Resources Division, is the only office authorized to clarify, modify, amend, alter, or withdraw the project requirements, terms, and conditions of this RFP and any contract awarded as a result of this RFP.

Written inquiries concerning this RFP must be received no later than **5:00P.M. C.S.T. on 11/11/02**. Questions and answers will be posted on the TDH Bureau of HIV and STD Prevention website at www.tdh.state.tx.us/hivstd/.

III. APPLICATION DEADLINE AND SUBMISSION

A. Letter of Intent

All agencies that plan to submit an application are requested to submit a Letter of Intent on the entity's official letterhead. Submitting letters of intent does not commit the agency to submitting a proposal. Letters of intent must be received by mail or facsimile by TDH by **5:00 p.m. C.S.T on the 11/25/02**. Send to:

Ms. Patty Melchior, Manager Grants and Contracts Branch
HIV/STD Health Resources Division
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199
Fax: 512/490-2509

B. Application Deadline

The application **must** be received on or before the following date and time: **5:00 P.M. C.S.T. on 12/19/02. APPLICATIONS RECEIVED AFTER THE APPLICATION DEADLINE WILL NOT BE CONSIDERED.**

C. Submission

The original application, 6 copies, and an electronic copy on diskette shall be submitted to:

Ms. Patty Melchior, Manager
Grants and Contracts Branch
HIV/STD Health Resources Division
Texas Department of Health
1100 West 49th Street

Austin, Texas 78756-3199

The physical address for overnight and personal deliveries is:

Ms. Patty Melchior
HIV/STD Health Resources Division
Texas Department of Health
2115 Kramer Lane
Austin, Texas 78758

An additional copy must be submitted to the appropriate Regional HIV staff. Addresses for regional staff are located at the Bureau of HIV and STD Prevention website at <http://www.tdh.state.tx.us/hivstd/fieldops/page7.htm>. In addition to paper copies, TDH also requests that an electronic copy of the application be submitted on diskette or CD-ROM in Microsoft Word or WordPerfect format. The disk should be labeled with the applicant name.

TDH will not accept applications by facsimile or e-mail. Applications may be mailed or hand-delivered to the TDH program addresses above on or before the application deadline. If an application is hand-delivered to the TDH program address above, the applicant should request a receipt at the time of delivery to verify that the application was received by the appropriate program on or before the application due date and time. If an application is mailed, it is considered as meeting the deadline if it is received on or before the due date and time.

IV. APPLICATION REVIEW, SELECTION & NEGOTIATION

Applications will be reviewed according to the criteria that follows. To maximize fairness for all applications during review, TDH staff may only confirm receipt of an application and are not permitted to discuss the application or its review during the review process. All applications remain with TDH and are not returned to the applicant.

A. Screening Applications

Applications will receive an initial screening for eligibility and completeness. Please use the checklist provided to ensure that all required forms are submitted. The preliminary screening requirements include:

1. Was the application received on or before the application due date and time?
2. Does the original application bear an original signature of the authorized official of the applicant organization on the Face Page?
3. Are the required forms included?
4. Does the applicant meet the eligibility criteria?
5. Is the budget information included?
6. Are the original and six copies included?

7. Are all of the assurances appropriate to this application signed?
8. Do the interventions and targeted populations proposed in the application match those outlined in this RFP?

APPLICATIONS THAT DO NOT MEET THESE REQUIREMENTS WILL NOT BE CONSIDERED FOR REVIEW, AND THE APPLICANT WILL BE NOTIFIED IN WRITING.

B. Program Review Process

Applications that successfully satisfy the above preliminary screening criteria will enter the program review process. The review process for this RFP will consist of an external review. During the external review, applications will be reviewed and scored by a panel of reviewers using a standardized review tool based on the RFP. Section scores will be weighted as indicated in the RFP and in accordance with the instructions stated in the RFP. The separate scores of the reviewers will be added together to obtain an average score.

For current contractors, past performance will also be considered during the review process. If applicable, applicants will receive the same past performance score received in the internal review of TDH RFP-HIV-0038. The past performance score will be deducted from the average reviewer score received.

C. Program Review Tools

The application sections as required in the Application Instructions will be weighted for each proposed intervention as follows:

Criteria	Percentage
<i>Abstract:</i>	<i>0</i>
<i>Organizational History and Capacity:</i>	<i>30</i>
<i>Project Descriptions and Work Plans:</i>	<i>30</i>
<i>Objectives:</i>	<i>15</i>
<i>Process and Outcome Monitoring:</i>	<i>10</i>
<i>Quality Assurance Plan:</i>	<i>15</i>
<i>Budget:</i>	<i>0</i>
<i>Total</i>	<i>100</i>

D. Selection and Negotiation

Once award decisions are made, the TDH HIV/STD Health Resources Division is responsible for negotiating contracts to obtain the needed client services within the framework of the goals of the HIV/STD Health Resources Division and available funds. As funds are limited, it is expected that the applicant(s) selected for contract awards may be asked to revise the budgets, as well as the goals and objectives, of their proposals in order to achieve the HIV/STD Health Resources Division goals within available funding limits. This process is commonly referred to as contract negotiation. The applicant shall submit written revisions reflecting negotiated changes. Once the contract negotiation process is complete, the HIV/STD Health Resources Division initiates the development of a contract.

Each applicant whose proposal is selected for a contract shall receive written notification. This notice is an announcement of selection, and the receipt of the notice is not legally binding until there is a fully-executed contract.

Each applicant not selected for a contract is entitled to a timely written notification that its proposal will not be funded.

V. TDH ADMINISTRATIVE INFORMATION

A. Incurring Costs and Rejection of Applications

Any costs incurred in the preparation of the application shall be borne by the applicant and are not allowable costs. TDH reserves the right to reject any or all applications and is not liable for any costs incurred by the applicant in the development, submission, or review of the application.

B. Right to Amend or Withdraw RFP

TDH reserves the right to alter, amend, or modify any provisions of this RFP or to withdraw this RFP at any time prior to the execution of a contract if it is in the best interest of TDH and the State of Texas. The decision of TDH is administratively final.

C. Financial and Administrative Requirements

All contractors shall follow applicable cost principles, audit requirements, and administrative requirements as follows:

Financial and Administrative Requirements

Applicable Cost Principles	Audit Requirements	Administrative Requirements
OMB Circular A-87, State & Local Governments	OMB Circular A-133	UGMS
OMB Circular A-21.	OMB Circular A-133	OMB Circular

Educational Institutions		A-110
OMB Circular A-122, Non-Profit Organizations	OMB Circular A-133 and UGMS	UGMS
48 CFR Part 31, For-profit Organization other than a hospital and an organization named in OMB Circular A- 122 as not subject to that circular	Program audit conducted by an independent certified public accountant shall be in accordance with Governmental Auditing Standards.	

Additional information on basic accounting and financial management systems requirements is available in TDH's Financial Administrative Procedures Manual. Copies of the manual are available from the Grants Management Division at (512)458-7470 or online at www.state.tx.us/grants/forms_and_documents.htm.

All current contractors and/or selected applicants administering two or more TDH contract attachments are required to maintain integrity between the transactions affecting each contract attachment by: (1) maintaining a completely separate set of records for each contract attachment; or (2) establishing within the chart of accounts and general ledger a separate set of accounts for each contract attachment.

In general, TDH's funding policy only supports program costs for which there are no other funds or inadequate funds. Contractors must demonstrate that all other sources of reimbursement available to the program are fully utilized and a system must be in place to adequately identify all program income. The applicant is encouraged to secure additional funds from other sources as necessary to strengthen the overall application.

D. Authority to Bind TDH

For the purpose of this RFP, the Commissioner of Health and the Bureau of Financial Services (or a designee), are the only individuals who may legally commit TDH to the expenditure of public funds. No costs chargeable to the proposed contract will be reimbursed before TDH receives a fully-executed contract.

E. Contracting with Subrecipients and Vendors

The selected applicant may enter into grant contracts with subrecipients or procurement contracts with vendors. The applicant is responsible to TDH for the performance of any subrecipient or vendor.

If the applicant enters into contracts with subrecipients or procurement contracts with vendors, the documents shall be in writing and shall comply with the

requirements specified in the Contracts with Subrecipients and Contracts for Procurement articles in the General Provisions for Texas Department of Health Grant Contracts. Copies of the provisions are available online at http://www.tdh.state.tx.us/grants/forms_and_documents.htm or by calling Grants Management Division at 512-458-7470.

If an applicant plans to enter into a contract in which a subrecipient or vendor will receive a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, the applicant shall submit justification to TDH and receive prior written approval from TDH before entering into the contract. Proposed subrecipients must be identified in the application.

F. Historically Underutilized Business (HUB) Guidelines

In accordance with Texas Government Code, Sections 2161.181-2161.182, Health and Human Service (HHS) agencies shall make a good faith effort to assist HUBs in receiving awards issued by the state. The goal of this program is to promote full and equal business opportunity for all businesses in contracting with the state. It is the intent of TDH that all TDH contractors make a good faith effort to subcontract with HUBs during the performance of their contract and to report their HUB subcontract activity to TDH on a quarterly basis. "Subcontract" means a written third party contract between a prime contractor/grantee and another contractor for the performance of all or part of a contract.

The HUB rules (1 Texas Administrative Code 111.11-111.24) may be obtained by contacting the TDH HUB Coordinator or by accessing the Texas Administrative Code on the Internet at <http://www.sos.state.tx.us/tac/>.

G. Contract Information

The final funding amount and the terms of the contract shall be determined through negotiations between TDH HIV/STD Health Resources Division and the applicant(s). TDH reserves the right to adjust the funding allocation during the term of the contract, pursuant to the terms of the contract. Any exceptions to any of the requirements in the RFP shall be specifically noted and satisfactorily explained by the applicant in the application as a condition for allowing those exceptions in the contract.

H. Protest of Application or Bid Denial

TDH has established a procedure for dispute resolution for any applicant that responded to a TDH client services RFP. An applicant may request review of a TDH action that denies the award of a contract for client services to that applicant after response to a TDH solicitation by following the procedures and time frames included in TDH Executive Order 0110, Protest of Application or Bid Denial for Client Services Contract. A copy of this procedure is located at http://www.tdh.state.tx.us/grants/laws_regs.htm or can be obtained by calling the

Grants Management Division at 512-458-7470. Please note that if funding is recommended for one or more interventions but not all interventions proposed in the application, applicants are not eligible to protest the level of funding through the process outlined in TDH Executive Order 0110.

VI. APPLICATION CONTENT

A. Instructions for Preparation

The application must be developed and submitted in accordance with the instructions outlined in this section. The application shall be:

- Single-spaced
- 12-point font on 8 1/2" x 11" paper with 1" margins, and
- Printed on one side only of the paper.

All pages of the application, including any attached documents, should be consecutively numbered. Do not bind, staple, or clip the document. The blank forms provided in **SECTION VII. BLANK FORMS AND INSTRUCTIONS** shall be used. Failure to arrange the application as requested may result in disqualification of the application.

Specific instructions for each required section are provided. Instructions for completing forms are found on each form. Forms may be electronically reproduced; however, all forms shall be identical to the original form(s) provided. Attachments that are not specifically requested in the RFP are not encouraged.

B. Confidential Information

The applicant shall clearly designate any portion(s) of this application that contains confidential information and state the reasons the information should be designated as such. Marking the entire application as confidential will neither be accepted nor honored. If any information is marked as confidential in the application, TDH will determine whether the requested information may be excepted from disclosure under the Public Information Act, Texas Government Code, Chapter 552. If it constitutes an exception and if a request is made by any other entity for the information marked as confidential, the information may be excepted from disclosure and shall be forwarded to the Texas Attorney General along with a request for a ruling on its confidentiality. Applicants are advised to consult with their legal counsel regarding disclosure issues and to take the appropriate precautions to safeguard trade secrets or any other confidential information. Following the award of any contract, applications to this RFP are subject to release as public information unless any application or

specific parts of any application can be shown to be exempt from the Public Information Act, Chapter 552, Texas Government Code. Any information requested for release will be released only after the bid process is complete.

C. Table of Contents

THE APPLICATION SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:

Section 1: Pre-Screening Information

A. Face Page - Application for Financial Assistance

This is the application cover sheet. This form must be signed by the agency representative authorized to enter into contracts and signifies the acceptance of all terms, conditions, assurances and certifications of the RFP. Do not include a title page. Use the form provided.

B. Application Checklist

The application checklist should be used to insure that all required information has been included in the application. This checklist must be completed and submitted with the original application. If an item is checked as not applicable, explain why in the space provided.

C. Contact Person Information

Use the form provided to show appropriate authorized individuals for this grant request. **Please note that only persons listed as contact persons will receive all future communications regarding this RFP and any resulting contracts.**

Section 2: Project Narrative

Please repeat each question and answer each question separately, in order. For agencies applying for more than one intervention, arrange the application forms by intervention. Submit forms D through P for intervention one, then follow with the appropriate forms for intervention two.

D. Organizational History and Capacity (30 percent)

E. Target Population and Intervention Coversheet

F. Project Descriptions and Workplans (30 percent)

G. Objectives (15 percent)

H. Process and Outcome Monitoring (10 percent)

I. Quality Assurance Plan (15 percent)

J. Budget (Not Scored)

1) Categorical Budget Justifications

2) Budget Forms

The following forms must be included in the application if applicable. If the form is not applicable to your agency, mark not applicable on the application checklist and indicate why it is not applicable.

K. Justification for Equipment Purchase

L. Justification for Equipment Purchase over \$25,000

M. Itemized Equipment List

N. Subcontractor Data Sheet

O. Fee For Service Form

P. Referral Form

VII. BLANK FORMS AND INSTRUCTIONS

Applicants are encouraged to use the electronic copies of the forms located within the body of the RFP on the Bureau of HIV and STD Prevention website at: <http://www.tdh.state.tx.us/hivstd/grants/>. If the forms are not readily available, use the blank forms provided with this document.



Texas Department of Health

FORM A: FACE PAGE – Application for Financial Assistance

This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the application and shall be completed in its entirety.

APPLICANT INFORMATION																
1) LEGAL NAME:																
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):	Check if address change <input type="checkbox"/>															
3) PAYEE Mailing Address (if different from above):																
4) Federal Tax ID No. (9 digit) or State of Texas Comptroller Vendor ID No. (14 digit):																
5) TYPE OF ENTITY (check all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community -Based Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> Hospital	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community -Based Organization	<input type="checkbox"/> Private	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual														
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> State Controlled Institution of Higher Learning														
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> Hospital														
<input type="checkbox"/> State Agency	<input type="checkbox"/> Community -Based Organization	<input type="checkbox"/> Private														
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Other (specify): _____														
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																
6) PROPOSED CONTRACT PERIOD:	Start Date: _____ End Date: _____															
7) COUNTIES SERVED BY PROJECT:																
8) AMOUNT OF FUNDING REQUESTED:	10) PROJECT CONTACT PERSON															
9) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/>	Name: Phone: Fax: E-mail:															
**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related TDH funds.	11) FINANCIAL OFFICER															
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in APPENDIX A: TDH Assurances and Certifications . I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.																
12) AUTHORIZED REPRESENTATIVE	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE															
Name: Phone: Fax: E-mail:	14) DATE															

FORM A: FACE PAGE Instructions

This form provides basic information about the applicant and the proposed project with the Texas Department of Health (TDH), including the signature of the authorized representative. It is the cover page of the application and required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in **APPENDIX A: TDH Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

- 1) **LEGAL NAME** - Enter the legal name of the applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the applicant's complete street and mailing address, city, county, state, and zip code.
- 3) **PAYEE MAILING ADDRESS** - Enter the PAYEE's name and mailing address if PAYEE is different from the applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit).
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the General Services Commission or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 6) **PROPOSED CONTRACT PERIOD** - Enter contract period for this application. Contract period is defined in the RFP.
- 7) **COUNTIES SERVED BY PROJECT** - Enter all of the proposed counties served by the project.
- 8) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from TDH for proposed project activities. This amount must match column (1) row K from FORM I: BUDGET SUMMARY.
- 9) **PROJECTED EXPENDITURES** - If applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year, applicant shall arrange for a financial and compliance audit (Single Audit).
- 10) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 11) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 12) **AUTHORIZED REPRESENTATIVE** - Enter the name, phone, fax, and e-mail address of the person authorized to represent the applicant.

- 13) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant signs in this blank.
- 14) **DATE** - Enter the date the person authorized to represent the applicant signed this form.

FORM B: APPLICATION CHECKLIST

Legal Name of Applicant: _____

This form is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted.

FORM	DESCRIPTION	Included	Not Applicable
A	Face Page completed, and proper signatures and date included	<input type="checkbox"/>	
B	Application Checklist completed and included	<input type="checkbox"/>	
C	Contact Person Information completed and included	<input type="checkbox"/>	
D	Organizational History and Capacity is included with organizational chart attached	<input type="checkbox"/>	
E	Target population and intervention coversheet is completed and included	<input type="checkbox"/>	
F	The appropriate number of workplans and logic models are completed and included	<input type="checkbox"/>	
G	Objectives for each intervention are completed and included	<input type="checkbox"/>	
H	Process and Outcome Monitoring Forms for each intervention are completed and Included	<input type="checkbox"/>	
I	The Quality Assurance Plan is completed and Included	<input type="checkbox"/>	<input type="checkbox"/>
J	Categorical Budget Justification(s) completed and Included	<input type="checkbox"/>	<input type="checkbox"/>
K	Justification for Equipment Purchase Form completed and included	<input type="checkbox"/>	<input type="checkbox"/>
L	Justification for Equipment Purchase over \$25,000 Form completed and included	<input type="checkbox"/>	<input type="checkbox"/>
M	Itemized Equipment List completed and included	<input type="checkbox"/>	<input type="checkbox"/>
N	Subcontractor Data Sheet completed and included	<input type="checkbox"/>	<input type="checkbox"/>
O	Fee-for-Service Form completed and included	<input type="checkbox"/>	<input type="checkbox"/>
P	Referral Forms for each intervention completed and included	<input type="checkbox"/>	<input type="checkbox"/>

For any form that is not included and is marked not applicable above, please explain why it is not applicable. Attach one additional page if necessary.

FORM C: PROGRAM CONTACT INFORMATION

Legal Name of Applicant: _____

This form provides information about the appropriate program contacts in the applicant's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please notify the HIV/STD Health Resources Division.

Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____

Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____

Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____

Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____

Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____

FORM D: ORGANIZATIONAL HISTORY AND CAPACITY

***Instructions:** If you are an affiliate of a state or national organization, please provide the information identified on the following page in the Organizational History and Capacity Guidelines about your local agency, not the state or national parent organization. Additional pages may be attached as needed.*

FORM D: ORGANIZATIONAL HISTORY AND CAPACITY GUIDELINES

1. Describe the agency's philosophy and mission statement. Describe how the proposed program links with your agency's mission.
2. Describe the agency's current programs and activities. Include a list of current projects with a brief description.
3. Describe the agency's capability in developing and implementing the proposed programs or projects.
4. Describe the agency's current and proposed organizational structure. Include the number of staff and the number of FTEs for each paid staff person. Additionally, for each paid staff person, provide the title, specific job responsibilities, credentials and experience required, salary level, benefits, and other compensation. Include a description of how the organizational structure and how proposed staffing lends itself to the ability to provide effective HIV prevention services. Attach an organizational chart that includes all proposed positions for this project.
5. Describe the agency's history of working with the proposed target population(s). Include specific activities, time frames of projects, and the results and impacts of activities. Describe the agency's plan to involve the targeted population(s) in needs assessment, formative evaluation, program design and development, service delivery, quality assurance, and summative evaluation processes.
6. Describe a plan for retaining staff and for providing a safe and secure work environment.
7. If the agency is proposing to subcontract services, describe the agency's experience in managing subcontracts. Additionally, the methodology utilized by the agency to develop these partnerships must be described. Insert a Memorandum of Agreement (MOA) that outlines how the partnership is best situated to effectively address the needs of the targeted population (s). The MOA must also demonstrate the intent to build and/or sustain capacity among the partnership agencies via mentoring, training, etc. It must include the name and address of all subcontractors and must be signed by all parties. The MOA must be submitted before funds are released, but not necessarily at the time the application is submitted. Agencies proposing to subcontract services must also submit Subcontractor Data Sheets and Fee For Service Forms located in the Forms Section for each subcontractor.
8. Describe the agency's history of collaborating with local, state, and/or federal agencies. Provide letters of support (non-TDH) and describe how it will enhance your ability to target, plan, provide, and evaluate the proposed program. Indicate how these collaborations will directly benefit the targeted population, promote efficiency and/or improve effectiveness.

FORM E: TARGET POPULATION AND INTERVENTION COVERSHEET

Complete the *Target Population and Intervention Coversheet* to summarize where EBIs will be provided to members of the targeted populations. Use the guide on the following page to complete this form and then use the instructions for developing intervention workplans and logic models to detail your project plans. Submit only one target population and intervention coversheet with the application.

[illegible]

Form E-1: Target Population and Intervention Coversheet Guide

Community Planning Area	HMAZ/LMAZ (MAZ ID NUMBER)	Counties
West Texas	El Paso (6)	El Paso
	Rural West Texas (26)	Brewster, Culberson, Hudspeth, Jeff Davis, Presidio
Panhandle of Texas [LOMA]	Amarillo (16)	Potter, Randall
	Lubbock (13)	Lubbock
	Permian Basin (17)	Ector, Midland
	Rural Panhandle (21)	Andrews, Armstrong, Bailey, Borden, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crane, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Howard, Hutchinson, King, Lamb, Lipscomb, Loving, Lynn, Martin, Moore, Motley, Ochiltree, Oldham, Parmer, Pecos, Reeves, Roberts, Sherman, Swisher, Terrell, Terry, Upton, Ward, Wheeler, Winkler, Yoakum
North/Northeast	Dallas (3)	Dallas
	North/Northeast Metroplex (4)	Collin, Cooke, Denton, Ellis, Fannin, Grayson, Hunt, Kaufman, Navarro, Rockwall
	Rural North Texas (22)	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Erath, Fisher, Foard, Hardeman, Haskell, Hood, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Palo Pinto, Runnels, Scurry, Shackelford, Somervell, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Wise, Young
	Tarrant (2)	Johnson, Parker, Tarrant
East Texas	Galveston (1)	Galveston, Brazoria
	Golden Triangle (5)	Hardin, Jefferson, Orange
	Harris (11)	Harris
	Houston Metroplex (12)	Fort Bend, Liberty, Montgomery
	Pine Woods North (14)	Cherokee, Gregg, Harrison, Smith
	Pine Woods South (15)	Angelina, Jasper, Nacogdoches
	Rural East Texas (24)	Anderson, Austin, Bowie, Camp, Cass, Chambers, Colorado, Delta, Franklin, Henderson, Hopkins, Houston, Lamar, Marion, Matagorda, Morris, Newton, Panola, Polk, Rains, Red River, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Titus, Trinity, Tyler, Upshur, Van Zandt, Walker, Waller, Wharton, Wood
Central Texas	North I35 Corridor (18)	Bell, McLennan
	Rural Central Texas (23)	Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coke, Concho, Coryell, Crockett, Falls, Fayette, Freestone, Grimes, Hamilton, Hill, Irion, Kimble, Lampasas, Lee, Leon, Limestone, Llano, Mcculloch, Madison, Mason, Menard, Milam, Mills, Reagan, Robertson, San Saba, Schleicher, Sterling, Sutton, Tom Green, Washington
	South I35 Corridor (7)	Bastrop, Hays, Travis, Williamson
South Texas	Bexar (8)	Bexar
	Corpus Christi (9)	Nueces, San Patricio
	Rural South Texas (25)	Aransas, Atascosa, Bandera, Bee, Brooks, Calhoun, Comal, De Witt, Dimmit, Duval, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kerr, Kinney, Kleberg, Lasalle, Lavaca, Live Oak, McMullen, Maverick, Medina, Real, Refugio, Starr, Uvalde, Val Verde, Victoria, Willacy, Wilson, Zapata, Zavala
	South Border Area (10)	Cameron, Hidalgo, Webb

FORM F: INTERVENTION WORKPLANS AND LOGIC MODELS

As a part of your application, you will need to submit both a work plan and a logic model for your intervention—in fact, you may need to submit more than one work plan and logic model. If your project targets more than one group, but these groups have similar needs and factors that influence behaviors (FIBs) and you are doing the same activities for all groups, then you need just one work plan and logic model. **However**, if you are working with more than one group **and** these groups have different needs, different FIBs, and you are doing very different activities for them, then you will need a work plan and logic model for each group. Here are two examples:

Just one work plan and logic model needed:

You are working with Hispanic and Anglo HIV positive injectors. Assessment shows they have the same FIBs and you will be doing one intervention: a four-session group intervention. You just need one work plan and logic model. Your work plan should, however, be explicit in any differences in outreach and/or locations where the population is served.

More than one work plan and logic model needed:

You are working with HIV positive injectors and their partners and HIV positive MMS and their partners. The intervention and issues for HIV+ clients (PCM and a 12 session group intervention) differ from the intervention and issues for the partners (a 3 session individual level intervention). In addition, the issues that are most important for MMS are different from the injectors' issues, so you will be doing the group level interventions separately for those groups. We would recommend 3 work plans: one for positive injectors, one for positive MMS, and one for partners.

REQUIRED INFORMATION AND FORMAT FOR PROJECT DESCRIPTIONS AND WORKPLANS

Once you have decided how many work plans and models are needed, please begin with the work plan. Your work plan must include the following information:

I. Agency and Intervention Information

- a. Agency Name
- b. Name of Intervention
- c. A very brief abstract/summary of the intervention including
 - A. Is this an evidence-based intervention that you are adapting for use in your community or is this a “home grown” intervention that your organization has developed?
 - B. Does the project use individual-level activities? Group-level activities? Community-level activities?
 - C. Single sessions? Multiple sessions?
 - D. What are the core elements of the intervention?³
 - E. What are the goals of the intervention?

³ The parts of the intervention that must be maintained for the intervention to remain effective.

- d. Group(s) targeted with this intervention (if you are submitting more than one work plan, just describe the group that you are targeting with this specific work plan)
- e. The HMAZ where this intervention will be provided; if you will serve any counties **in addition to** a HMAZ, please also list these. If there are any counties in the HMAZ that **you won't serve**, please list these.

II. Demographics of the clients to be served: Copy the attached contact table into your work plan; it will provide an estimate of the total number of clients expected annually. The contact table is found at the end of these instructions. (*Hint: put your cursor in the middle of the blank when you type a number in, not at the front end of the blank, and it will keep the formatting intact*). Notice that it is separated into four sections: Outreach (for purposes of client recruitment into interventions), individual level interventions (ILI) (such as PCM, Project Respect), group level interventions (GLI), and training/capacity development interventions.

By outreach, we mean activities your agency might do to recruit clients for your intervention, which might include educational sessions, meetings with medical providers or case managers, etc. For the outreach number, estimate how any individuals you might contact through these types of outreach activities. Do not include putting up posters or fliers or making public service announcements as contacts. Only include a total number for outreach with no demographics.

For ILIs and GLIs you will need not only to provide a total number of estimate contacts, but also to break this total down by different demographic groupings. For multiple session ILIs or GLIs, please provide estimates for the number of clients who will *complete* the intervention. For single session ILIs or GLIs provide the estimate of the number of clients served. For PCM, estimate the number of clients who will go from intake through formal discharge during 2003. If your project does not include an ILI, leave the ILI numbers blank, and if your project does not include a GLI, leave the GLI numbers blank. If you are doing a community level intervention, you may have outreach, ILI **and** GLI filled in.

If you are doing a training/provider capacity development intervention, please estimate your training contacts in the fourth section below. Estimate how many people will complete the training. If the training is in a series, estimate how many people will make it all the way through the series.

III. Description of pre-implementation activities: Include a description of any activities you need to complete before you can implement your intervention. This may include conducting of a rapid assessment of a population to see if an intervention requires adaptation, pilot testing/pre-testing activities with the target population to obtain feedback on the adaptations, and training of staff.

IV. Delivering the intervention: please describe and be as specific as possible.

- a. Any adaptations you are making to the way the intervention is implemented or the curriculum used in the interventions (if the intervention is an evidence-based intervention that you are adapting for use in your own community).
- b. How clients will be recruited and where they will be recruited from.
- c. How client participation will be maintained (if multiple session intervention)

- d. How often the intervention will be offered, or how often will the parts of the intervention be offered? If it is a single session intervention, when will it be available? If it is a multiple session or ongoing intervention, how often will it “start over”?
 - e. Where the intervention will be offered?
 - f. Which organizations will you collaborate with, if any? How will you collaborate with them?
 - g. What types of referrals do you anticipate that your clients will need? How will referrals be tracked and documented?
 - h. How the intervention will be staffed, including:
 - A. Number of paid FTE and volunteers
 - B. Staff background and experience
 - C. How staff will be trained for the intervention
 - D. How supervisors will be trained for the intervention
- V. **Additional resources needed for the intervention:**
- a. What pamphlets and materials are needed for this intervention?⁴
 - b. What other resources are needed for the intervention (condom kits, bleach kits)
- VI. **Process and outcome objectives:**
- a. List all process objectives, describing how this information will be tracked
 - b. List possible outcome objectives, describing how this information might be tracked
 - c. List technical assistance needs in this area
- VII. **Cultural competence:** describe the agency’s plan for assuring that services are culturally and linguistically appropriate.
- VIII. **Summarize the work plan in a month by month timeline for 2003.** It is not necessary to include quarterly reports in your workplan.

LOGIC MODEL TO GO WITH YOUR WORKPLAN

A logic model is a way of describing the main elements of an intervention and how they work together to prevent HIV in a specific population. A basic logic model includes:

- The issues/problems/barriers faced by the target population that the intervention will address
- The activities that are a part of the intervention
- The immediate and behavior change outcomes in clients that will result from participating in the intervention

Examples of logic model formats are attached. Regardless of the format, the following elements must be included:

Issues/Problems/Barriers to Prevention: Interventions are only effective if they meet the real HIV prevention needs of a population. Start the logic model by stating the issues/problems/barriers to prevention that the intervention will focus on. These issues must include the factors that put this population at risk, such as attitudes, beliefs, and lack of

⁴ If materials will be developed, describe your material review procedure

prevention skills, relationship/interpersonal issues, social support, and access. The issues may be listed, or you can write a statement of the problem. Do not list issues/problems/barriers that the proposed intervention will not address.

Intervention Activities: This lays out how the intervention will address the issues of the population. Give enough detail so that the reader understands what will happen to the client (such as a two- session group intervention) and what kinds of activities and content focus the intervention has (discussion of role model stories that deal with beliefs about who is at risk and social stigma of condom use). If the intervention has many components, as most community – level interventions do, list all components within this model (such as small media campaign, the activities within the group intervention, and distribution of condoms). If elements are added to an established intervention to better suit a targeted population, please let the reader know which elements are being added or adapted. Regardless of the format utilized, the intervention activities must be linked to the issues they are meant to address. If there is an issue without an activity, reconsider including it in the model. If there is an activity without an issue, reconsider why you are proposing the activity. Remember that the objectives must also fit in logically with these activities, although the objectives are not shown on this model.

Immediate Outcomes: These are the immediate results of the intervention, such as changes in knowledge, attitudes, beliefs and skills. Intent to change behavior can also be an immediate outcome. Immediate outcomes are the things the program will be accountable for as outcomes of an intervention. If they are not logically related to the activities and issues, think twice about putting them in the logic model. Make the links between the outcomes and the rest of the model very clear.

Behavior Changes: These are the changes in the risk behavior that are logical extensions of the immediate outcomes of the intervention.

Contact Table

Please include in your work plan. Remember to type in the middle of the blank, not at the front end of the blank.

Estimated number of contacts for outreach in 2003: _____

Estimated number of clients who will complete any ILI's in 2003:

MMS/IDU	_____
MMS	_____
IDU	_____
MFS	_____
Total Risk Groups	_____

Male _____	African American _____	HIV Positive _____
Female _____	Asian _____	HIV Negative _____
Transgender _____	Native American _____	Unknown _____
Total Sex _____	Pacific Islander _____	Total HIV status _____
	Anglo/White _____	
Age Group	Multiracial _____	Ethnicity
13-19 _____	Other _____	Hispanic _____
20-24 _____	Total Race _____	Non-Hispanic _____
25-29 _____		Total Ethnicity _____
30-39 _____	*Note: Hispanic is not a race.	
40+ _____		
Total age _____		

Estimated number of clients who will complete any GLIs in 2003:

MMS/IDU	_____
MMS	_____
IDU	_____
MFS	_____
Total Risk Groups	_____

Sex	Race	HIV Status
Male _____	African American _____	HIV Positive _____
Female _____	Asian _____	HIV Negative _____

Transgender _____	Native American _____	Unknown _____
Total Sex _____	Pacific Islander _____	Total HIV status _____
	Anglo/White _____	
Age Group	Multiracial _____	Ethnicity
13-19 _____	Other _____	Hispanic _____
20-24 _____	Total Race _____	Non-Hispanic _____
25-29 _____		Total Ethnicity _____
30-39 _____	*Note: Hispanic is not a race.	
40+ _____		
Total age _____		

Estimated number completing training/capacity development interventions in 2003:

FORM G: OBJECTIVES

Instructions: *Submit Form G (process and outcome objectives) for each intervention for which your agency is applying for funding. The objectives must be clearly linked to each intervention because each intervention will be considering separately during the review. Refer to the guidelines on the following page when completing the objectives.*

FORM G: OBJECTIVE GUIDELINES

Applicants must submit measurable objectives for the project. Objectives must be specific, measurable, achievable, realistic, and time-phased. Objectives should quantify program processes and outcomes. Process objectives describe the projected, amount, frequency, and duration of the intervention activities. Example: By December 31, 2003, 50 African American F/MS who are partners of HIV infected or HIV negative men at high risk will attend all four sessions of intervention POW. Outcome objectives describe what happens as a result of the intervention. Example: 85% of the women that attend all four sessions of intervention POW will show increased condom/risk reduction negotiation skills. All outcome objectives must be directly related to the immediate outcomes outlined in the logic model (s). Objectives must include the following components: who will deliver the service(s) and their qualifications (as appropriate); a deliverable (a product or service and how much); a timeline for completion; and a standard of performance. If including subcontractors, applicant must include objectives related to programmatic and financial monitoring of the subcontract(s). The proposed objectives and levels of performance will be negotiated and agreed upon by the applicant and TDH. Attach additional pages as needed

FORM H: PROCESS AND OUTCOME MONITORING

Instructions: Describe how each objective on **Form G** will be monitored, describing the sources of data and the methods of data collection that will be used in the project. Also describe how this information will be used to improve the program. Applicants must clearly state activities by intervention because evaluation activities will be considered for each intervention separately in the review. Submit a separate Form H for each intervention for which you are applying.

FORM I: QUALITY ASSURANCE PLAN

Instructions: Describe quality assurance activities that will be used to ensure that the proposed intervention(s) are implemented as intended. Include anticipated staff training needs related to the proposed project and how these needs will be met. Follow the guide on the following page and attach additional pages as necessary.

FORM I: QUALITY ASSURANCE PLAN GUIDELINES

All applicants must describe:

- 1) how staff will be trained in the intervention;
- 2) how the intervention will be monitored for fidelity and staff skills enhancement;
- 3) how client and staff feedback from the initial implementation will be gathered and used to adjust the intervention;
- 4) how staff will be periodically observed to ensure fidelity to the implementation plan and specifics of the intervention design; and
- 5) how input from staff and clients, as well as outcome monitoring data, will be routinely applied to improve the program.
- 6) the agency's plan for offering ongoing professional development. Indicate the agency's commitment to enabling staff to attend all training, conferences, and staff development meetings sponsored by the Bureau of HIV and STD Prevention. Indicate additional in-service and externally provided trainings to which each staff person will have compensated access.

FORM J: CATEGORICAL BUDGET JUSTIFICATIONS

*Applicants must provide a 12-month budget that follows the categorical budget justification sample provided in **Appendix A**. List all categories as in the sample format. If you are not requesting funds for a particular category, list the category and place a zero next to it. All applicants applying for funding must submit a separate budget for each proposed intervention. Budgets must be reasonable and must comply with policies and procedures. In preparing budgets, please refer to the document on minimum computer equipment specifications and the budget screening tool utilized in the contract negotiation process located in **Appendix A**.*

Form K: JUSTIFICATION FOR REQUEST FOR EQUIPMENT PURCHASES

Instructions: Use one Justification form for each item listed on the Equipment List. For equipment over \$25,000, complete this form and the Justification for Equipment over \$25,000. Attach copies of specifications and/or other pertinent documentation. For computer equipment, complete specifications must be attached.

Contractor Name: _____

Scope of Work: _____

Contract Number: _____ **Contract Term:** _____

Description of Equipment Requested (attach additional sheets if necessary and copies of specifications and/or other pertinent documentation):

ALL APPLICANTS MUST COMPLETE THIS SECTION:

1. Does the cost include shipping and handling?
2. Does the cost include a warranty?
3. Does the cost include a maintenance agreement? Describe any special maintenance needs, service contracts, insurance, repair costs, etc. related to the proposed equipment. How will these expenses be supported over time?
4. Does the cost include training in the use of the equipment?
5. Why is the equipment needed? What is the purpose of the equipment?
6. Estimate the expected results of the equipment purchase. Who will benefit and how?
7. How many clients will be served with the equipment?

8. What administrative or other activities will be accomplished as a result of the equipment purchase?
9. Where will it be located?
10. Who will use the equipment? Are the necessary staff in place to support the proper use of the equipment (e.g., if a van is requested, is there funding already in place to pay for a driver)?
11. Will the equipment replace any existing equipment? If so, please justify the replacement of existing equipment.
12. Will the equipment be purchased and owned by the administrative agency or by one of its current subcontractors?

13. Why is this equipment more appropriate than other alternatives considered or a less expensive piece of equipment? If the equipment has special or optional features, explain why they are necessary.
14. If the equipment is a lease-to-purchase agreement, is a copy of the agreement attached?
15. If the equipment is being leased with no option to buy, explain the benefit(s).
16. If lease-purchase costs are spread across several funding sources, other than TDH, who are the other funding sources and what is their percent of funding?

HIV SERVICES PROVIDERS ONLY:

17. If equipment is for an Administrative Agency or its subcontractor, does it match the service priorities established by the local consortia? Will the equipment be used to directly provide a prioritized client service? If not, how will the equipment either indirectly support client services and/or support necessary administrative functions?
 18. If requesting computer equipment, does the program use the COMPIS program?
- If yes, what is the memory capacity of the computer equipment currently used for COMPIS activity?

19. Does the computer requested have a larger memory capacity than the current COMPIS equipment?
20. What enhancements will the new computer(s) provide?

FORM L: JUSTIFICATION FOR EQUIPMENT OVER \$25,000

Name of Requesting Administrative Agency: _____

Due to HRSA restrictions on expenditures over \$25,000, TDH must obtain prior approval from HRSA before allowing the purchase of such equipment. In order to obtain approval, applicants must submit the following information for all requests:

- 1) Cost comparison that outlines purchase versus lease.
- 2) Cost-sharing principles to ensure that Ryan White Title II is not sole source of funding.
- 3) Possible linkages with community organizations. How will the equipment be used to collaborate with other agencies?
- 4) The source of funds to be used for purchase.

ALSO, IF REQUESTING A VEHICLE (ANY PRICE) - COMPLETE THIS SECTION

- 5) If purchasing a vehicle, the purpose of vehicle as it relates to enabling an individual to gain or maintain access to health-related services.
- 6) Justification for the purchase must be quantified in terms of number of clients and units of service to be provided.
- 7) Description of how the vehicle purchase addresses identified needs in the service area.
- 8) Process in place to assure that vehicle is used only for Ryan White-funded activities;
- 9) Primary purchaser of the vehicle.
- 10) Who will be responsible for insurance and liability?
- 11) Plan for vehicle once it has exceeded its useful life.
- 12) The below signature of the Consortium Chairperson assures that the use of funds to purchase a vehicle is consistent with the priorities of the Consortium.

Printed name of Consortium Chairperson _____

Signature of Consortium Chairperson _____

Date _____

AGENCY:

FORM M: ITEMIZED EQUIPMENT LIST

Itemize each item below. Attach equipment justification forms for each item along with complete specifications or a copy of the purchase order. TDH defines equipment as tangible non-expendable property with an acquisition cost of more than \$1,000 and a useful life of more than one year, with the following exceptions: fax machines, stereo systems, cameras, video recorder/players, microcomputers, medical equipment, laboratory equipment, and printers. If the unit cost of these exception items is more than \$500, they are considered equipment. Medical and laboratory equipment in this category are defined as microscopes, oscilloscopes, centrifuges, balances, and incubators. Medical and laboratory equipment other than the five specified items are not considered equipment unless the unit value is more than \$1,000.

ITEM (≥ \$1000 or Exceptions)	UNIT COST	TOTAL PER ITEM (unit cost X no. of units)	PURPOSE
TOTAL REQUEST			

FORM N: SUBCONTRACTOR DATA SHEET

Instructions: All applicants proposing to subcontract services to other agencies must complete this form for each proposed subcontractor.

Contract Beginning Date _____ Contract Ending Date _____
Check source of funding: _____ Ryan White _____ State Services _____ Early Intervention
_____ HIV Prevention _____
Subcontractor Name: _____
Mail Address: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____ Fax Number: _____
E-mail address: _____
Executive Director: _____
Contact Person & Title: _____
Estimated Number of Persons to be Served: _____
Services Categories to be provided: * _____

*(Attach Table 1 if more than one service is to be provided)

CATEGORICAL BUDGET INFORMATION

Personnel:	\$ _____	
Fringes:	\$ _____	
Travel:	\$ _____	
Equipment:	\$ _____	
Supplies:	\$ _____	
Contractual:	\$ _____	
Other:	\$ _____	
Total Direct Costs (DC):		\$ _____
Indirect Costs (IC):		\$ _____
Total Subcontract Amount (DC + IC):		\$ _____

ATTACH A BUDGET JUSTIFICATION FOR THE ABOVE ITEMS (If over \$25,000).

FEE-FOR-SERVICE/UNIT COST CONTRACT

If the subcontract is a fee-for-service or unit cost contract, provide the maximum amount that can be charged under the contract **and attach the Fee-For-Service form.**

AMOUNT: \$ _____

Name of Administrative Agency: _____
Selection Process: __Competitive Bid__Sole Source__Single Source_____
Minority Subcontractor? _____Yes*_____No *(50% of Board of Directors must be minority.)
HUB Certified ? _____Yes_____No
Does your agency collect sliding-scale fees from clients? ____Yes____No
Does your agency collect co-payments from clients? ____Yes____No

FORM O: FEE-FOR-SERVICE FORM

1. Name of Provider : _____

2. Type of Service/Service

Category: _____

3. Provide a Narrative Justification with sufficient detail to define how the fee-for-service or unit cost was established and the rationale for the number of clients proposed. This narrative description should include the Who, What, Where, When and Why to justify the unit cost.

4. Fee Charged Per Unit of Service: _____

5. Number of Units to be Provided: _____

6. Maximum Charges for this Contract: _____

7. COMPIS Definition of the Unit of Service:

8. Unit Fee-for-Service reimbursement contracts **MUST** report: the precise unit cost, and the proportion of the unit cost represented by each of the object class categories listed below:*

Personnel:

Fringe Benefits:

Travel:

Equipment:

Supplies:

Contractual:

Other:

Indirect Costs:

TOTAL BUDGET: _____

Divided by # of Units of Service: _____

Equals Fee per Unit of Service:

*NOTE: The budget breakdown is NOT required for unit costs that use a Medicaid approved rate. If you are using a

Medicaid approved rate, check the box below:

Medicaid Approved Rate Used

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FORM P: REFERRAL FORM

Instructions: You may recreate this table on your computer, however, you must include all of the following information.

Column 1: This column shows client groups which contractors are required to refer.

Column 2: Show the name of each agency that you have established a referral agreement with.

Column 3: Describe how your agency will track and document referrals.

Column 4: Place a checkmark here if signed letter of referral with the agency (referencing the agreed-upon tasks) is attached.

CLIENTS NEEDING REFERRAL	WILL BE REFERRED TO	HOW TRACKING AND DOCUMENTING WILL BE DONE	LETTER OF REFERRAL ATTACHED?
Early Intervention for HIV seropositive clients			
Seronegative clients with ongoing risk due to mental health, psychosocial issues and/or compulsive behaviors			
Persons whose HIV risk is related to alcohol or other drug abuse			
Pregnant women			
HIV seropositive pregnant women			
High-risk persons and/or HIV seropositive persons for TB testing			
High-risk persons and/or HIV seropositive persons for STD services			

APPENDIX A
Other Program Information

1. Logic Model Narrative Style Example A
2. Logic Model Narrative Style Example B
3. Logic Model Flow Style Example
4. Categorical Budget Justification Example
5. Budget Screening Tool

Logic Model: Narrative Style Example A

Organization: West Northeast Central Texas HIV Prevention Project

Targeted Population: MMS Youth

Intervention Proposed: Preventing HIV and AIDS Today

PROBLEM STATEMENT: MMS youth do not perceive themselves to be at risk for HIV, lack condom use skills, and have low self-efficacy for condom use.

ACTIVITIES/INTERVENTION COMPONENTS: There are two intervention components. The first is a series of 3 two-hour small group sessions to MSM youth emphasizing activities to increase perception of risk, skills building sessions on condom use and condom negotiation, and role plays to increase condom use skills and build confidence in negotiation and efficacy for condom use. The second part of the intervention is a condom distribution effort focusing on places where young MMS meet socially and sexually.

IMMEDIATE OUTCOMES: Increased perception of HIV risk, increased condom use skills, and increased condom use self-efficacy.

BEHAVIOR CHANGES: Increased condom use.

Logic Model: Narrative Style Example B

Organization: The Best HIV Prevention Organization

Targeted Population: African American Females at Risk through Heterosexual Sex

Intervention Proposed: HIV Prevention through Action

PROBLEM STATEMENT: There are high rates of HIV and STD among young African American heterosexual females (ages 13 – 24). This is due to unprotected sex, multiple partners and/or partners with multiple partners, and drug and alcohol use before sex. The main issues for this group are 1) sexual arousal interfering with condom use or sexual self control, 2) a feeling of peer pressure (that everyone is having sex or having sex without condoms), 3) feeling of being powerless in relationships and not being able to negotiate safer sex, and 4) getting a sense of self-worth and esteem from having sex (makes you an adult).

ACTIVITIES/INTERVENTION COMPONENTS: This intervention is based on Anne Batchshaw's Sister to Sister Action intervention, but has been adapted for use with this population. It is a 5-session group intervention with session content that emphasizes:

- Cognitive coping skills to develop sexual self control (linked with issues #1 and #2 above)
- Skills to change social norms on condom use (added to the Batchshaw intervention, linked with issue #2)
- Role-playing activities to increase sexual assertiveness skills, communication skills, condom use skills (eroticising safer sex) and increase skills to manage risky sexual situations (linked with #1, #2, #3)
- Activities to address gender and ethnic pride and positive attributes of being an African American woman (adapted from the original intervention, linked with #3 and #4)

IMMEDIATE OUTCOMES: At the end of the intervention, the women will be have cognitive coping skills to get better “control” of their sexual expression. They will have increased sexual assertiveness skills, condom use skills, and skills to manage of risky sexual situations. They will have increased gender and ethnic pride. They will have skills to change social norms of condom use in their peer groups.

BEHAVIOR CHANGES: These skill changes and social support should result in less unprotected sex, sex with fewer partners or with fewer partners with multiple partners, and less drug/alcohol use before sex.

Logic Model: Flow Style

Organization: West Northeast Central Texas HIV Prevention Project

Targeted Population: African American Women at Risk Through F/MS

Intervention Proposed: Preventing HIV and AIDS Today- Adapted from Anne Batchshaw's *Sister to Sister Action* Intervention

<i>ISSUES</i>	<i>ACTIVITIES/ INTERVENTION COMPONENTS</i>	<i>IMMEDIATE OUTCOMES</i>	<i>BEHAVIOR CHANGES</i>
Unprotected sex/risky sex caused by	5 session group intervention including:		
Sexual arousal interfering with condom use or sexual self control	Training on cognitive coping skills to increase sexual self-control	Increased coping skills	Less unprotected sex
Peer pressure to have sex or have Sex without condoms	skills to change social norms of condom use (<i>added to this intervention</i>)	Increased skills in changing norms	Fewer sex partners
Feelings of being powerless in relationships and not being able to negotiate safer sex	Role playing activities to increase sexual assertiveness skills, communication skills, condom use skills, and management of risky sexual situations	Increased skills in sexual assertiveness, communication, condom use, and sexual risk management	Less sex associated with drugs/alcohol
Getting a sense of self-worth and esteem from having sex	Activities to address gender and ethnic pride and feelings about being an African woman in West Northeast Central Texas (adapted)	Increased gender and ethnic pride	

**INSTRUCTIONS AND EXAMPLES
FOR A CATEGORICAL BUDGET JUSTIFICATION**

	TOTAL
A. <u>PERSONNEL</u>	101,604
[List each position. give a brief job description of 50 words or less. For each position listed, multiply the monthly salary or wages by the percentage of personnel time by the number of months which the salary is to be paid from this budget.]	
Example:	
Executive Director (Gonzales)	1,920
\$3,200/monthly X 5% X 12 = \$1920	
Oversees all program activities. Ensures compliance with contract requirements. Provides program/financial information to the Board of Directors. Acts as agency personnel director and public spokesperson. supervises Program Manager.	
Bookkeeper (Jones)	1,800
\$1,500/monthly X 10% X 12 = \$1800	
Performs full charge bookkeeping duties. Inputs transaction data and produces general ledger, income/expense statements and balance sheets. Maintains and produces payroll. Checks invoices for accuracy and prepares them to be approved for payment. Prepares accounts payable.	
Program Manager (Watson)	12,384
\$2,580/monthly X 40% X 12 = \$12,384	
Supervises Prevention Counselor and Outreach Educator. Provides needed staff training. Coordinates prevention programming. Designs and maintains data collection system. Prepares all required program reports. Evaluates staff performance and conducts quality assurance.	
HIV Prevention Counselor (McDade)	28,500
\$2,375/monthly X 100% X 12 = \$28,500	
Conducts HIV prevention counseling and testing through street outreach targeting IDUs, sex partners of IDUs and females who sell sex for drugs or money. collect and maintain accurate program data. Make appropriate referrals for services. Distribute condoms. Performs partner elicitation activities with HIV-positive clients.	
HIV Prevention Counselor/Outreach Educator (Vacant)	28,500
\$2,375/monthly X 100% X 12 = \$28,500	
Conducts street outreach with UHS high-risk adolescents. Does one -on-one and small group education and risk reduction skills training at appropriate sites (hang-out street corners, juvenile detention centers, youth shelters).	

TOTAL

Provide prevention counseling and testing at these same locations. Conduct partner elicitation. Collect and maintain accurate program data. Make appropriate referrals for services. Distribute condoms.

Outreach Educator (New position) (attach Job description) 28,500
\$2,375/monthly X 100% X 12 = \$28,500

Conduct street outreach and small group activities with MSMs of Color. Conduct one-on-one risk reduction and education at bars, public sex environments, and other places the population congregates. Provide risk-reduction and self-esteem building small groups. Distribute condoms and make referrals. Design literature which is language and culturally appropriate. Collect and maintain accurate program data.

B. FRINGE BENEFITS

(Total

[Itemize the cost of fringe benefits paid for employees, including employer contributions for Social Security, retirement, insurance and unemployment compensation. Fringe benefits requested must represent the actual benefits paid for employees.]

Example:

FICA: $0.765 \times \$101,604 =$	7,773
Insurance: $\$2,160 \times 3.55 \text{ FTEs} =$	7,668
Worker's Comp: rate x salaries = \$	\$
Unemployment: rate x salaries = \$	\$

C. STAFF TRAVEL

(Total

[Budget the projected costs of transportation, lodging, meals, and related expenses for official staff business travel conducted in carrying out the contract. Out of state travel is only allowed with pre-approval from the TDH. Costs for travel to the bi-annual Texas HIV/STD Conference Austin and to staff training and development meetings should be included, if applicable. NOTE: Grantees who do not have written travel reimbursement policies must use TDH travel reimbursement rates as follows: \$.345/mile, \$30/day meals, \$80/day lodging.]

Example:

Mileage for Prevention Counselors in service area: 1,242
 $\$0.345/\text{mile} \times 300 \text{ miles/mo.} \times 12 \text{ months} = \$1,242$

Mileage for Outreach Educators in service area: 1,242
 $\$.345 \text{ mile} \times 300 \text{ miles/mo.} \times 12 \text{ months} = \$1,242$

Expenses for 3 staff members to attend Texas HIV/STD Conferences: 1,845
Airfare @ \$175 X 3 staff = \$525

Lodging @ \$80 X 4 days X 3 staff = \$960
Meals @ \$30 X 4 days X 3 staff = \$360

D. EQUIPMENT

(Total)

[Equipment is defined as tangible non-expendable property with an acquisition cost of over \$1000, including freight, and a useful life of more than one year, with the following exceptions: costs for FAX machines, stereo systems, cameras, video recorder/players, microcomputers, and printers with a unit cost of \$500 or more. Prior written approval from the TDH is required before grantee may acquire equipment. List each item, describe and explain use. Attach the Justification for Request for Equipment Purchase form for each piece of equipment requested.]

E. SUPPLIES

5,575

[This category is for the costs of materials and supplies necessary to carry out the project. It includes general office supplies, janitorial supplies, and any equipment with a purchase price, including freight, of less than \$1000 or less per item.]

Example:

General office supplies - \$100 mo x 12 mo	1,200
Education Supplies - \$2,800	2,800
Includes: supplies for safer sex kits (lubricants, oral sex condoms, female condoms, etc.)	
Phlebotomy supplies - \$1,000	1,000

F. CONTRACTUAL

(Total)

Whenever the applicant intends to delegate part of the activities identified in the scope of work to a third party, the cost of providing these activities is recorded in this category. If an applicant plans to enter into a contract in which a subrecipient will receive a substantial portion of the scope of the project, i.e. \$25,000 or 25% of the applicant's funding request whichever is greater, the applicant shall submit justification to TDH and receive prior written approval from TDH before entering into the contract. A detailed eight-category budget justification or fee-for-service budget must be submitted for each proposed subcontract.

G. OTHER

(Total)

[All other allowable direct costs not listed in any of the above categories are to be included in this category. Some of the major costs that should be budgeted in this category are:

1. Space and equipment rental

2. Staff Development and training
3. Utilities and telephone expenses
4. Printing and reproduction expenses
5. Lease (not purchase) of photocopier or other equipment
6. Postage and shipping
7. Temporary staff obtained through an employment agency
8. Contract CPA or bookkeeping services, or other contracts not related to direct client services
9. Cost of external audit
10. Insurance and bonds
11. Equipment repairs or services (maintenance agreements, etc.)
12. Books, periodicals, pamphlets, and memberships
13. Advertising
14. Conference registration fees and other training costs
15. Janitorial services
16. Consulting fees (not allowed for preparation of grants to the TDH). Requires prior approval from the TDH. May include cost of preparing HIV prevention grants from other sources. May include cost of technical assistance not provided by the TDH. Written justification must be submitted.
17. Contracts for administrative services.

H. TOTAL DIRECT COSTS

(Total)

[Enter the total of A - G above]

I. INDIRECT COSTS

(Total)

[A copy of the current negotiated indirect cost rate must be attached, if applicable. If there is no negotiated rate, applicant may recover up to 10% of the direct salary and wage costs of providing the service, excluding overtime and fringe benefits, subject to adequate documentation of salary and wage costs.]

J. TOTAL BUDGET

(Total)

BUDGET SCREENING TOOL FOR 2003 PREVENTION CONTRACTORS

(This tool is used by TDH staff in negotiating contracts with successful applicants. The applicant is not to complete this form as it is intended for informational purposes.)

* This tool may be revised prior to contract negotiation.

CONTRACTOR

SCOPE(S) OF WORK

This tool has been revised to focus attention on determining if budget items are allowable, reasonable, and in compliance with regulations and policies.

Note regarding "justification": several items in this tool require "adequate written justification" if the cost exceeds the guideline of reasonableness. Justification is also required for certain charges including consultant fees and subcontractors. The agency may include this written justification as part of their budget or attach it as a separate document. Approval must come from at least the Field Operations Supervisor level, and the individual approving the cost should initial in the appropriate space.

I. PERSONNEL

- A. Direct Prevention Staff: Is the TDH portion of the annual salary reasonable (guideline: between \$22,000 - \$37,000 per FTE)?

YES _____ NO _____

TDH will contribute a reasonable amount (up to \$37,000/yr) for this position in return for one full FTE. Contractors who wish to pay more must demonstrate why a higher salary is reasonable, or must pay the additional amount from unrestricted funds. A higher salary would theoretically be reasonable if the agency were able to demonstrate a community-wide standard of salary at the higher level for this type of work. If the agency pays additional from unrestricted funds, TDH would still expect one full FTE to be devoted to the grant.

If the salary is above \$37,000/FTE, was adequate justification received in writing? This must include an acceptable rationale (with detailed information) or assurance that any amount over \$40,000 comes from unrestricted funds.

YES _____ NO _____ **Team Leader Initials:** _____

Please attach justification and provide brief summary below:

If below \$22,000, please describe any questions or concerns discussed with contractor:

- B. Direct supervisors of program staff: Is the TDH portion of the annual salary reasonable (**guideline: between \$25,000 and \$42,000 per FTE**)?

YES _____ NO

If above \$42,000 was adequate justification received in writing (the same requirement as in item A. above)?

YES _____ NO _____ **Team Leader Initials** _____

Please attach justification and provide brief summary below:

If below \$25,000, please describe any questions or concerns discussed with contractor:

- C. Administrative Salary and Fringe Costs: Includes the salary for support staff, executive director, financial officer, and other administrative staff and their portion of the fringe. This does not include program staff and their direct supervisors. Is this cost reasonable (guideline: less than or equal to 10% of the total budget)?

YES _____ NO

If no, was adequate justification received in writing?

YES _____ NO

Team Leader Initials _____

Please attach justification and provide brief summary below:

Approved Personnel Amount: \$
Comments:

II. FRINGE

Fringe rates must be based upon itemized costs for FICA, Insurance, etc. Allowable costs include health/life/disability insurance, retirement, workers compensation, and unemployment insurance.

Are the above requirements met?

YES _____ NO _____

Approved Fringe Amount: \$
Comments:

III. TRAVEL

Guideline: Less than 10% of total budget

- A. Local Travel (includes project work and training): Are the costs reasonable based on the job duties of the employees?

YES _____ NO _____

- B. TDH Conference: costs for hotel, transportation, and per diem are allowed for each FTE. Do costs fit within this guideline?

YES _____ NO _____

- C. Street Outreach Conference: Are costs for this conference appropriate to the scope of work? If yes, costs for hotel, transportation, and per diem are allowed for each FTE. Do costs fit within this guideline?

YES _____ NO _____

- D. Out-of-state travel: cost must be approved by the TDH in advance. Written justification must be submitted which documents that the purpose of the travel is a

specific training opportunity that is critical to the program operations and is not available in Texas.

Is out-of-state travel included?

YES _____ NO _____

If yes, was adequate justification received in writing?

YES _____ NO _____

Team Leader Initials _____

Please attach justification and provide brief summary below:

- E. Other Travel: Program development opportunities.
Are costs related to program development?

YES _____ NO _____

- F. For all travel: If state rates are not used for per diem, hotel and mileage, the contractor must have a local policy which establishes their travel reimbursement rates.

Does the contractor use state rates? Hotel \$80.00 per night; Meals \$30.00 per day; \$.345 per mile.

YES _____ NO _____

If no, was it confirmed that they have an established local policy?

YES _____ NO _____

Please inform the agency that the Grants Management Division will review the policy during her monitoring visits. DONE _____ (FO Consultant initial and date)

- G. If costs are above the guideline, was adequate justification received in writing?

YES _____ NO _____ **Team Leader Initials**

Approved Travel Amount: \$

Comments:

IV. EQUIPMENT

Manufacturer specifications including an update price will need to be submitted again, 30 (thirty) days prior to the contract execution date.

Are Equipment Justification form(s) and an Equipment List in the RFP completed for requested equipment?

YES _____ NO _____

If the contractor is a current Texas Department of Health (TDH) HIV Prevention contractor then they must submit an inventory list, which includes all equipment purchased with TDH HIV Prevention funds within the last 5 (five) years.

Was an inventory list included?

YES _____ NO _____

- A. Computer: Up to three computers may be requested per agency every four years. Maximum cost is \$1,700 desktop; \$2,900 laptop. Equipment must meet the attached specifications. Because computer costs tend to fluctuate, refer to the website to acquire current price listings on the Bureau Web-page at www.tdh.state.tx.us/hivstd, click on Funding Information, then Common Forms and Documents, finally click on PCSPECS.

If the contractor is requesting more than three computers to be purchased, has the program submitted adequate justification?

YES _____ NO _____ **Team Leader Initials** _____

If computer is being purchased, has program submitted written specifications and prices from the manufacturer, which meet standards?

YES _____ NO _____

Did the Information Systems Branch approve the specifications?

YES _____ NO _____ Staff member: _____

Is cost less than or equal to \$1,700 for desktop?

YES _____ NO _____

Is cost less than or equal to \$2,900 for laptop?

YES _____ NO _____

- B. Fax Machine: One fax machine is allowed per agency if a plain paper fax has not been purchased for the program in the past four years. Is the cost reasonable (guideline: less than \$2,000)?

If fax machine is purchased:

Is cost less than or equal to \$2,000?

YES _____ NO _____

If the program is a current TDH HIV prevention contractor, has the agency purchased another plain paper fax in the past 4 years?

YES ____ NO _____

If yes, was adequate justification for a new machine received in writing?

YES _____ NO _____ **Team Leader Initials** _____

Please attach justification and provide brief description below:

- C. Other equipment (VCR, TV, printer etc.) must be approved by the TDH. Article 19 of the contract General Provisions defines equipment as "tangible non-expendable property with an acquisition cost of over \$1000 and a useful life of more than one year with the following exceptions: fax machines, stereo systems, cameras, video recorder/players, microcomputers, and printers. These exception items will still be considered equipment if their unit cost is over \$500."

Does the other equipment request relate to the contractor's workplan, and are the costs reasonable?

YES _____ NO _____ N/A _____

Approved Equipment Amount: \$
Comments:

V. SUPPLIES

A. Office supplies:

1. New FTE's funded under the contract: (guideline: up to \$1000 per year per FTE). This cost includes one-time expenditures such as office furniture.
2. Existing FTE's: (guideline: up to \$500 per year per FTE).

B. Project Supplies: all participant supplies must be itemized and related to the workplan (guideline: should be less than 10% of the total budget).

Are the costs for office supplies and project supplies reasonable?

YES _____ NO _____

If costs are above guideline was adequate justification received in writing?

YES _____ NO _____ **Team Leader Initials**

Please attach justification and provide brief summary below:

Approved Supplies Amount: \$

Comments:

VI. CONTRACTUAL

ALL SUBCONTRACTORS MUST BE NAMED

Adequate written justification is required for a provider to contract with another agency for the provision of services. The following documentation must be submitted:

- 1) Information which demonstrates the agency's capacity to properly manage subcontracts
- 2) Board approval including a written plan for selecting and monitoring subcontractor(s);
- 3) Objectives related to programmatic and financial monitoring the subcontractor (e.g., reporting requirements, frequency of monitoring visits)
- 4) Name(s) and address(es) of the subcontractor(s);
- 5) Memorandums of Understanding between the subcontractor(s) and the applicant;
- 6) Subcontractor data sheets for each subcontractor.

If agency subcontracts services, have the above requirements been met?

YES _____ NO _____ **Team Leader Initials**

SUBCONTRACTOR	AMOUNT
1.	
2.	
3.	
TOTAL	

Approved Contractual Amount: \$

Comments:

VII. OTHER

- A. Training costs including speaker's fees and stipends are reasonable **(guideline: up to \$500 per year per TDH-funded FTE).**

Costs are reasonable?

YES _____ NO _____ N/A

Please attach justification and include brief summary below if costs are over guideline.

- B. Registration fees for training courses, including TDH conferences, are allowable **(guideline : up to \$500 per year per FTE).**

Costs are reasonable?

YES _____ NO _____ N/A

Please attach justification and include brief summary below if costs are over guideline.

- C. Consultant Fees

-The costs for consultant fees and services listed below are allowed:

-Charges for hiring consultants to prepare applications for other funding sources if the proposed activities are consistent with the TDH contract scope of work.

-Any management studies to improve management effectiveness and efficiency for ongoing programs.

-The costs of professional and consultant services necessary to successfully carry out the program objectives and/or the administrative responsibilities of the provider. These services may include activities such as program evaluation, analysis and improvement of work systems or management systems, installation and training on accounting software, and similar activities.

-The following costs for consultant fees and services are not allowed:

-Consultant costs related to providing technical assistance when the technical assistance needs can be met by TDH staff.

-Costs for legal, accounting and consulting services and related costs incurred in connection with defense of an antitrust suit or prosecution of claims against the state or federal government, and

-Costs of consulting services and related costs incurred in connection with patent infringement litigation.

Consultant fees are requested?

YES _____ NO _____

If YES, does the contractor have a copy of HIV/STD Policy #520.001, **Consultant Services and Consulting Fees Paid By a Contractor Through Direct Costs**

YES _____ NO _____ If NO, mailed copy to contractor - Initials

Please attach justification for consultant fees/services.

- D. Other costs (rent/utilities, telephone, accounting/audit expenses, liability insurance, etc.) should be based on a cost allocation plan if contractor has multiple funding sources.

Does contractor have a cost allocation plan? (The contractor does not have to send you the plan, but should indicate whether they have one.)

YES _____ NO _____

If no, refer contractor to GMD for telephone technical assistance.

E. Are client incentives included?

YES _____ NO _____

If yes, answer the following:

1. Does the applicant have guidelines and systems in place to accurately account for the use/distribution of the incentive? If not, incentives should not be allowed.

YES _____ NO _____

2. Is the cost of the incentive reasonable?

YES _____ NO _____

3. Is the incentive a specific line item in the budget with the amount and/or unit cost described?

YES _____ NO _____

4. Are there descriptions and justification for each different type of incentive?

YES _____ NO _____

F. Do "Other" costs appear reasonable?

YES _____ NO _____ If no, request justification.

G. Any required justifications for the Other category (A-D E above) have been received, reviewed, and approved?

YES _____ NO _____ Team Leader Initials

Approved Other Amount: \$

Comments:

VIII. INDIRECT

Agency must have approved rate or use 10% or less of approved Personnel.
Standard met?

YES _____ NO _____ N/A

Approved Indirect Amount: \$

Comments:

TOTAL BUDGET AMOUNT APPROVED: \$

REVIEWER: _____ DATE:

REVISION DATE: _____